



PACT ACCOUNT CANCELLATION REQUEST

Please cancel the following PACT account: _____

PACT beneficiary: _____

PACT purchaser: _____

Purchaser address: _____

Is this cancellation due to the death of beneficiary, disability, beneficiary scholarship or attendance to a military academy? ____ Yes ____ No (Please include documentation such as the death certificate)

If cancellation is not due to one of the reasons above a processing fee of \$75.00 will be deducted from the redemption value of your account.

I certify by signing below that the information I have provided on this form is true and correct. I understand that submission of this information and this certification are treated as made under oath by law and subject to penalties for perjury. (Ala. Code, § 13A-10-100(a)(3) and § 13A-10-102.)

Signature of purchaser: _____

Date: _____

Daytime phone number: _____

Please email or fax this form to the PACT office.